

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

A65-25311

Please type a plus sign (+) inside this box →


 PTO/SB/01 (12-97)
 Approved for use through 9/30/00. OMB 0651-0032
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number **000128**

OR

☒ Registered practitioner(s) name/registration number listed below

 Place Customer
 Number Bar Code
 Label here

Name	Registration Number	Name	Registration Number
Andrew A. Abeyta	39,582		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number **00128** OR ☒ Correspondence address below

Name	Andrew A. Abeyta				
Address	Honeywell International Inc., Office of General Counsel				
Address	P. O. Box 524				
City	Minneapolis	State	MN	ZIP	55440-0524
Country	U.S.A.	Telephone	505/828-6534	Fax	505/828-6803

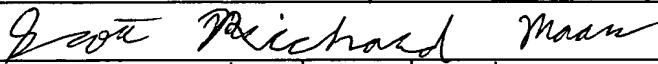
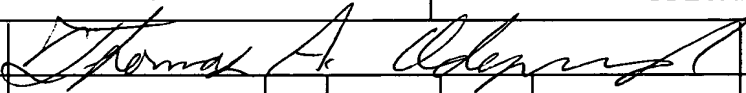
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
JOHN SPENCER			CUNNINGHAM		
Inventor's Signature					Date
Residence: City					Citizenship
Albuquerque					U.S.A.
Post Office Address					
8012 BRIDGEWATER PLACE NW					
Post Office Address					
City	Albuquerque	State	NM	ZIP	87120
Country				U.S.A.	

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
A response is required to respond to a collection of information unless it contains a

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	--------------------------------------------------------------------

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
SCOTT RICHARD				MAASS											
Inventor's Signature				Date		12-13-2000									
Residence: City		Albuquerque		State		NM		Country		U.S.A.		Citizenship		U.S.A.	
Post Office Address		1617 STANFORD DRIVE SE													
Post Office Address															
City		Albuquerque		State		NM		ZIP		87106		Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
THOMAS A.				ODEGARD											
Inventor's Signature				Date											
Residence: City		Albuquerque		State		NM		Country		U.S.A.		Citizenship		U.S.A.	
Post Office Address		9504 NORTHRIDGE NE													
Post Office Address															
City		Albuquerque		State		NM		ZIP		87111		Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature				Date											
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

+